

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize

Name of individual/program making disclosure

to disclose to and communicate with: _____

Name of individual/program to receive information

the following information: _____

The purpose of the disclosure authorized herein is to: _____

I understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance on it, and that in any event this consent expires automatically as follows:

Date/Event/Condition

Signature of Participant

Date

Signature of Witness

Date

This information is released subject to the Confidentiality Provision of Federal Law. Federal regulations (42 CFR Part 2) prohibit any further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.